

## **CFBHPP Committee**

### **Meeting Summary Henrico CSB – Conference Room C Glen Allen May 11, 2006**

#### **I. Welcome and Introductions**

**Brian Meyer**

Brian asked the members to introduce themselves. Moved approval-Mary Dunne Stewart, seconded by Sandy Bryant.

Brian conveyed a message from Bela Sood, SB 1955, Children's Behavioral Health Workforce Bill, will pay for training for child psychiatrists, this bill would do something about the workforce shortages that exist nationally. The bill is going to the Senate floor today. Discussion; override states' ability to mandate certain benefits but overall the bill is not a good one. Apparently the workforce issue is a piece of it. The committee recommended members support funding for child psychiatrists but not the other components of the bill.

#### **II. Celebrations**

**Fran Gallagher**

Fran is celebrating smooth transition for Medical Home Plus. Harry celebrating his daughter has decided which college she plans to attend. Patrice is celebrating her daughter is off homebound services and has returned to school. Don is celebrating that he is acting director of the facility. Martha is celebrating that Commonwealth Partnership hosted training on substance abuse and its impact on children and the training was well attended demonstrating a strong interest in substance abuse and the impact on children. Malcolm is celebrating that his job is going well and that he is alive. Tamara is celebrating May if Foster Care month and statewide foster care association, this organization has been missing for a while. Karen is celebrating that her daughter's treatment is going better. Joyce is celebrating life. Wayne celebrating he does not have to go out of town for a while. Betty is celebrating going to one full time position. Mary Cole is celebrating a case manager solely dedicated to children. Mental Health Association of Lynchburg walk went well and they collected their goal. Catherine is waiting for guidance from CMS about the Deficit Reduction Act. Charline is celebrating progress the state has made in the last couple of years, particularly around the Department's vision and transformation initiative. Kathy Moore is celebrating that Juvenile Justice's RFPs have provided a significant response to the RFP. Brian is celebrating JACHO accreditation for the Virginia Treatment Center, also celebrating approval for a six-bed acute psychiatric unit, to serve an additional 200 children a year.

## Committee Reports:

- Use of State Facilities for children      Don Roe & Sandy Bryant

Met at the Commonwealth Center on April 28<sup>th</sup>. Minutes will be disseminated by e-mail, another meeting scheduled for May 19<sup>th</sup> in Lynchburg. Continuing to respond to the questions about state facility beds, tending toward the concept of regional beds for children. Survey was sent out to the CSBs about bed needs, plan for one more meeting and the committee will then write a report that will be completed by the end of June.

- Joint workgroup with SLAT on residential treatment      Pat Haley  
Workgroup has not met since the last meeting. There will be a meeting at the end of the month.

- Governor's Transformation Initiative workgroups      Charline Davidson  
reported on the Transformation Initiative. The initiative is proceeding with various committees focusing on areas. On the services side, for the children's proposals, deadline for proposals has been extended an additional week. The services committee has not met yet, will oversee implementation of the community initiatives. Jerry Dean and the facilities committee will build on the work of the regions and populations served by community dollars, the workgroup will focus on what facilities will look like. The outcomes group is pretty close to completing its work, the committee has made recommendations on adult mental health, looking at instruments to measure recovery and resiliency, one more meeting is planned for the end of May. Training committee has not met, Jim Martinez is heading this committee, and the committee will focus on educating individuals about the meaning of recovery and resiliency.

- VA INFO Center Update      Fran Gallagher

Updated the members about the first annual conference planned for July in Charlottesville. Looking for regional family and provider representation to attend the conference. Information will be available on the website the week of May 15<sup>th</sup>. This conference is a pilot, an opportunity to showcase family involvement in all areas. Dr. Adolph Brown is the keynote speaker, six breakout sessions planned, round table discussions linking primary care with mental health. Five additional breakout sessions planned for those not attending the round table. Planning to offer child care to conferees and mentors to parents who have not attended this type of conference before. Fran encouraged individuals to continually check back with the website.

- Office of Child & Family Services Update Mary Ann Discenza

Reviewed the information about the transformation initiative proposals related to system of care and DJJ/MH. Also shared information about the Early Intervention regional proposals. The matrix developed by the writing committee has been forwarded to the commissioner for feedback.

### **III. Vice-Chair Nominations**

**Brian Meyer**

Committee recommended maintaining a parent as the vice-chair. Fran nominated Vicki Hardy-Murrell as vice-chair. Vicki has also been voted on the Mental Health Planning Council. Recommendation was made to postpone nominations since there may be other family members who may want to be considered. Some members expressed support for Vicki's nomination. E-mail to committee to request nominations for vice-parent, must be a parent, and willing to serve and represent this committee on various workgroups, etc related to children's issues. The nomination was seconded by

### **IV. 2006 Report and Recommendations**

**Brian Meyer**

Summary of committee comments and discussion of the full committee about the strategic plan matrix:

- Considerably different from the first version
- Every goal and step tied to intervention associated with the steps, not every intervention has a measure. Writing committee wanted to focus on key outcome measures, looking toward ultimate ends.
- Page 2, 1.B.1 – 4 were all in last year's plan, writing committee decided it would make sense for a university training center to organize all of these activities, a Center of Excellence for promoting evidence based and promising practices, goes beyond what has been discussed previously by this committee. Comment, there is nothing that speaks to the level of supervision available related to home based services. Family Preservation looking at a project with Virginia Tech to demonstrate that improving clinical services can be linked to improving supervision for home based services. The key to improving home-based services is clinical supervision. Quality of supervision is a best practice, do we need to add a list of all the best practices, and is it our intention to be prescriptive about best practices? Should the plan say agencies would work together to identify competencies? Does it go under 1.B1.or Page 5 2.C. This section needs to be expanded. Recommendation, add a measure to increase the number of primary care physicians caring for children with behavioral health problems. Intent, to increase the number of primary care physicians who competently prescribe medications for children with behavioral health issues. Need to address mid-level services.

- Recommendation from Martha Kurgans that the report include recommendation for a publicly funded residential option and services for youth with co-occurring disorders with substance abuse and/or mental retardation. Related to low intensity, identification of substance exposed newborns and referral for early intervention services that are fully funded to meet the need. Recommendation related to 1.A.6. In the first goal, fully fund early intervention services for at-risk children including Part C including identification of and services for substance exposed infants.
- 3.A.1. (Page 8) Step; for children age 0-021
- 1.A.2. Medicaid currently funds mid-level services. Exceptions are respite services. Intervention, request increased funding from the General Assembly.
- 1.A.3. Recommendation, support funding for substance abuse services. Funding for substance abuse services under EPSDT is already in federal law. Comment, some boards don't know how to access EPSDT services. Training needs to be targeted to case managers and expanded, the boards need technical assistance in addition to the training. This is an example of a system transformation initiative. Recommendation, add adolescent substance abuse services to the state plan. Catherine Hancock suggested adding data that a support how pervasive is the problem of the number of children entering detention who lose their Medicaid benefits. Virginia law states that if there is a change in circumstance, the recipient's eligibility must be re-determined. No one can identify whether it is a problem, did children actually lose Medicaid?
- Regular FAMIS is 185% of FPL; regular Medicaid is 135% of FPL. Recommendation, increase the eligibility level for FAMIS Moms Program.
- Page 2 1.B.4. Recommendation to include other agencies when training is offered, ensure that different groups are strongly encouraged to collaborate around training and other aspects of activities/interventions. Groups are doing similar kinds of things, ensuring that when other events are going on, the mental health component is integrated into the training. Suggestion; fund regional trainings.
- 4.B. Comment about serving all children and is this a realistic goal in light of the funding that is appropriated for CSA.
- Page 4 regarding number 5, COY is studying child abuse prevention efforts and look at alternative education approaches, to keep these children in alternative education. Recommendation, promote the use of alternative education programs and look at other alternative education strategies. IEP process does not always address the mental health needs of the child, recommendation, and the IEP process addresses the behavioral health needs of children, behavioral assessments and plans need to be implemented. Many schools are reluctant to identify a child as SED. Variation in practice exists from school district to school district. Eligibility teams are reticent to identify a child as SED because of its

implications in the educational community; the “label” is used conservatively.

- Page 4 5.A. question about this intervention since the state already funds nurse visitation. This intervention is meant to fund a very specific program. Care Connection for Children and Healthy Families are programs already available for this population. Healthy Families does not have criteria or eligibility for services.
- Page 3 regarding the data, core set of elements with modules. 1.D.2 regarding developing and implementing a uniform management information system, recommendation, accessing information through the electronic record? Recommendation, explore and make recommendations regarding a uniform management information system.
- Do we want to identify a lead agency in each of the recommendations?
- 3.B.1.b. on page 9 what are we disseminating, disseminate what’s new in the document, information about new evidence-based treatments. 3.B.1.a. Do we need to add funding a position to update the COY website or with assistance from partner agencies or universities.
- Page 4, interventions and activities and add measure3. A. 4.
- Page 7 2.C.3.a. Recommendation to identify a specific agency, or expand funding for...

## **V. Report Writing Committee**

**Brian Meyer**

### **Recommendations**

The following interventions in the strategic plan were recommendations in the 2005 report:

1.A.1.  
1.A. 4  
1.A.5.  
1.B.1, 2, 3, and 4  
1 C.1.  
2.C.2.b on page 6  
3.A.  
2.C.2.a.  
Page 7 2.C.3.a.

Committee needs to look at recommendations that do not require funding.

Page 7 2.C.3.B. Is this an example? Not really, to fully implement this intervention would require providing stipends to parents, supporting transportation

Funding:

1.A.1. Is a build-on to create this fund?

1.B.1. Costs associated with establishing a university-based teaching center however the function is one of coordinating and leading training for clinicians

1.A.1. Substitute on page 6 2.C.2.d. increase Medicaid reimbursement rates for behavioral health care...is the preferred strategy to advocate for rate increases prior to advocating for new services. Advocate for what already exists. Many of these services have not had a rate increase since the early 90's.

Recommendation: not creating the \$6.0 million start-up but rather increasing the rates for providers. Recommendation from the committee is to ask for a rate study about specific services.

1.B.1.a. Adding university-based teaching center for coordinating all of the requests for other items. A university-based center would provide opportunities to leverage other funding.

1.B.2. Needs to be isolated out?

**In summary:**

- Priorities are the same as last year. Priorities have been amended in this way, rate study for certain services and the General Assembly fund the recommended rates. Requesting DMAS to conduct a cost analysis.
- Teaching recommendations, the intervention to establish a teaching and training center and a separate intervention about the training positions with payback provisions.

Meeting adjourned.

## **Outline**

- 1) **Executive Summary-not longer than 2 pages**
- 2) **Introduction - one paragraph**
- 3) **General Assembly Guidance – one paragraph**
- 4) **General Assembly Results/Current Status of Initiatives – 2 paragraphs**  
**1 paragraph Pilots**  
**MH/DJJ**  
**Challenges that refer back to last year's study**

- 5) **Links with DMHMSAS – one to two paragraphs**

**Transformation Efforts – one paragraph**

**2-5 should only involve 2 and half pages**

**Needs to be re-organized.**

- 1 – 5 Mary Ann/Shirley (including 5.5)**

**5.5. Primary challenges – one paragraph**

**5.6. Family story Joyce**

**Leaves 10 pages**

- 6) **Strategic Plan Overview 5-8 pages**

<b>Goal 1. 4 pages</b>	<b>2 and half</b>	<b>Brian</b>
<b>Goal 2. 2 and half</b>	<b>1 and half</b>	<b>Don/Wayne/Fran</b>
<b>Goal 3. 2 and half</b>	<b>1 and half</b>	<b>Sandy/Mary D-S</b>

**Narrative, pointing out the highlights, especially those we're aiming at – the themes. The narrative is about the goal and the steps, may want to reference strategies.**

- 7) **Recommendations that do not require funding – one page Don**  
**Last year plus rate study**

- 8) **Priority funding – 2 pages Brian 8-10**  
**Brian/Mary D-S**  
**Recommendations for 2007-08**

9) **Projected cost of funding 1 page**

**Recommendations**

10) **Conclusion – 1-2 paragraphs**

**7-10 3 and a half pages**

11) **Appendices**

- **Strategic Plan Brian/MAD**
- **Juvenile justice recommendations done**
- **Substance Abuse recommendations Martha Kurgans**
- **Facilities report – one paragraph summary of the charge and what the committee is doing - Don**
- **Parity article – goal 2 2.2.b is where it gets referenced Brian**
- **Brief summary to date of community based services/SLAT Committee charge and what they're doing Pat**
- **Last year's report - MAD**
- **Medical Home Policy on Behavioral Health Issues (AAP) - Fran**
- **List of committee members - MAD**
- **List of writing committee -MAD**

**Timelines:**

- **May 25<sup>th</sup> all pieces due to Brian and MAD**